

# Authorization for the Release of Information of Criminal Records

Persons who apply for or receive assistance through the Beloit Community Development Authority are required to sign this consent form:

**Failure to Sign Consent Form:** Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures for Public Housing and Section 8 informal hearing procedures.

**Sources of Information may include,** but are not limited to, state and local law enforcement agencies and any agency that provides public access to the records such as the Wisconsin circuit courts, and all sex offender Registries.

**Who Must Sign the Consent Form:** Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

**Consent: I consent to allow The Beloit Community Development Authority to request and obtain information for the purpose of verifying my eligibility and continued benefits under HUD's assisted housing programs.**

Signatures:

**This consent form expires 15 months after signed.**

\_\_\_\_\_  
Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Other names used

\_\_\_\_\_  
Other Household member over age 18

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Other names used

\_\_\_\_\_  
Other Household member over age 18

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Other names used

\_\_\_\_\_  
Other Household member over age 18

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Other names used

\_\_\_\_\_  
Other Household member over age 18

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Other names used